

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035255

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1776

FILED SEP 23 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
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USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, give TOWNSHIP only) Poplar Bluff, Missouri		c. CITY OR TOWN Doniphan, Missouri	
Length of stay in 1b 2 days		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Doctors Hospital		d. STREET ADDRESS (If outside, give location) 102 Charles, Street	
Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Flaviller Zora Mitchell		4. DATE OF DEATH Month 9 Day 9 Year 1963	
5. SEX Female	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-10-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Illinois	
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Calvin Penrod		13b. MOTHER'S MAIDEN NAME Dollie Smoot	
14. NAME OF HUSBAND OR WIFE Cornelius Mitchell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT Myrtle MC.Pheeters Doniphan, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mesenteric thrombosis DUE TO (b) Embolus superior mesenteric artery DUE TO (c) Arteriosclerotic heart disease with auricular fibrillation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholecystitis with cholelithiasis PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 3:30 a.m. p.m. Month, Day, Year 9/8/63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Doniphan, Mo COUNTY Doniphan STATE Mo	
21. I attended the deceased from 9/8/63 to death and last saw her alive on 9/9/63 Death occurred at 3:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. T. Hansbrough, M. D.		22b. ADDRESS 623 Pine Blvd., Poplar Bluff, Mo	
22c. DATE SIGNED 9/16/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 9-11-1963		23c. NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery	
23d. LOCATION (City, town, or county) Ripley County, Mo.		24. FUNERAL DIRECTOR Edwards Funeral Home Doniphan,	
25. DATE RECD. BY LOCAL REG. 9/18/1963		26. REGISTRAR'S SIGNATURE Shirley Hansen	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gene Starnent

Licensed Embalmer No.

4809

P. O. Address

Naylor, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.